Engaging in Crisis

Monica Romeo, LMHC
What is a Crisis

- Many differing ideas about it
  - Any situation in which the individual perceives a sudden loss of his or her ability to use effective problem-solving and coping skills (Alaska dept. of health, 2011)
  - Any “upset” in a person’s typical state
  - A person who is suicidal or homicidal
What is a Crisis

- Certain Events
  - Life-threatening situations
    - such as natural disasters (an earthquake or tornado)
  - Sexual assault or other criminal victimization
  - Medical illness
  - Mental illness
    - thoughts of suicide or homicide
  - Loss or drastic changes in relationships
What is Crisis Intervention

- Methods use to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems.

- Psychotherapy that focuses on acute critical situations with the aim of restoring the person to the level of functioning before the crisis.
Suicidal Crisis

- A verbal or non-verbal communication that the individual intends to harm him/herself with the intention to die but has not acted on the behavior (STAR Outreach, 2007)
Myths about Suicide

- No one can stop a suicide, it is inevitable.
- People who complete suicides always leave notes.
- When people talk about suicide, they are only trying to get attention.
- Once someone’s emotional state improves, the danger of suicide is over.
- Confronting a person about suicide will only make them angry and increase the risk of suicide.
- After a person makes an attempt at suicide it is unlikely they will try again.
Myths about Suicide

- Suicidal people keep their plans to themselves. Those who talk about suicide don’t do it.
- Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- Only depressed people make suicide attempts.
- Only experts can prevent suicide.
Risk For Suicide

Risk Triangle

Mental Health Challenge

Access to a means

Substance
Risk for Suicide

- A suicidal person is in much greater danger of acting out if he or she is intoxicated. Alcohol and drugs can lower inhibitions and can increase illogical thinking (“This is a good idea.”)
- A 2004 study indicated that up to $\frac{3}{4}$ of those who completed a suicide also tested positive for at least one substance (Violent Death Reporting System, 2004).
- If possible, a suicidal person should be restricted from access to firearms or any other deadly agents
- Over $\frac{1}{2}$ of all suicides are completed with a firearm.
Risk for Suicide

- Depression
  - Up to 25% of all Americans experience an episode of clinical depression during their lifetimes.
    - Depression is one of the greatest risk factors for suicide.
  - Untreated depression is the #1 cause of suicide.
    - 15% of those with clinical depression die by suicide
  - Depression is treatable.
    - 80% of those who seek treatment for depression are treated successfully
  - Hopelessness is the biggest indicator
Engaging the Person in Crisis

- Time
  - Allow time for the person to talk
    - Person may be reluctant
      - Why?
    - Person may have a great deal to say
      - Why?
  - Barriers to talking
    - Stigma
    - Vulnerability
    - Gender & Socialization factors
Engaging the Person in Crisis

- Meet the person where THEY are
  - Be collaborative
  - Problem solve
  - Do not abandon the client
  - Maintain empathy
  - Obtain informed consent
Engaging the Person in Crisis

- Always be mindful of your reaction to suicide
  - Religion & Spirituality
  - Personal Beliefs
  - Countertransference
Engaging the Crisis

- Assess risk and protective factors
  - What are they?
  - Wall of Resistance
Engaging the Crisis

- Lethality Assessment
  - Ideation
  - Intent
  - Plan
  - Get as much information as possible
      - Chronological Assessment of Suicidal Events
      - Psychological Pain, Stress, Agitation, Hopelessness, Self-Hate, Plans, Actions, Intent
Engaging the Crisis

- Determine next step
  - Hospitalization?
    - Voluntary
      - How does client get to hospital?
      - Who do you call for client
        - Do you have consent?
      - What do you tell your client about the process?
  - Involuntary
    - Only crisis delegates can involuntarily hospitalize
    - What is your plan for when this happens?
Engaging the Crisis

- Safety Plan
  - Not a contract
  - Nothing anyone signs
  - Plan for the next time the client feels this way
Emergency Numbers

- Program into your phone:
  - Erie County Crisis Services: 716-834-3131
  - Niagara County Crisis Services: 716-285-3515

- Numbers to have on hand
  - National toll-free 24/7 hotlines:
    - 1-800-SUICIDE  1-800-273-TALK
    - (800-784-2433)  (800-273-8255)
References
